MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/			51						
2		/			/		52					⌐	
3		/			/		53						
4		/			/		54						
5		2			/		55						
6		(1)			1		56						
7		(1)			1		57						
8	/			/			58						
9		/			/		59						
10				/			60						
11					/		61						
12					/		62						
13					/		63						
14					/		64						
15					/		65						
16					/		66						
17					1		67						
18					/		68						
19					/		69						
20							70						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	2	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS